FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wenstrup for Congress PO Box 9551 ADDRESS (number and street) (Check if address is changed) Cincinnati 45209-0551 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.usabrad.com (Check if address is changed) DATE 2016 C00497818 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Robert E. Carroll Type or Print Name of Treasurer Robert E. Carroll [Electronically Filed] 05 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

Candidate Party Affiliation REP Office Sought: House Senate President District O2 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic,	ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
(a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation REP Office Sought: House Senate President District Co This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a				
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation REP Office Sought: House Senate President District Office Party Affiliation REP Office Sought: House Senate President District Office Party Affiliation REP Office Party Affiliation REP Office Sought: House Senate President District Office Party Affiliation REP Office Party Affiliation REP Office Sought: House Senate President District Office Party Affiliation REP Office Republican, and is NOT an authorized committee. Name of Candidate Party Committee: (I) This committee is a least segregated fund. (Identify connected organization on line 6.) Its connected organization is Corporation wio Capital Stock Labor Organization Membership Organization In addition, this committee is a Lobbytst/Registrant PAC.				
Candidate Party Affiliation REP Office Sought: A House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Part Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is Corporation Corporation Corporation No Capital Stock Labor Organization In addition, this committee is a Lobby/st/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee) In addition, this committee is a Lobby/st/Registrant PAC. In addition, this committee is a Lobby/st/Registrant PAC. (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C 2. FEC ID number C		e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
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Corporation	Poli	tical A	ction Committee (PAC):	
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1. FEC ID number C 2. FEC ID number C	(h)			o or more political
2. FEC ID number C		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number	
3.		2.	FEC ID number	
		3.		
4.				

FEC Form 1 (Daviss	nd 02/2000)	Page 3
FEC Form 1 (Revise Write or Type Committee Na		Paye 3
Wenstrup for (
•		vo or Londorchin DAC Spancor
	d Organization, Affiliated Committee, Joint Fundraising Representativ	re, or Leadership PAC Sponsor
Brad Wenstrup Victo	ory Fund 	
Mailing Address	PO Box 30844	
	Bethesda	20824-
	CITY STATE	ZIP CODE
	Affiliated Committee X Joint Fundraising Represer	
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the	person in possession of committee
	ign Financial Services	
Full Name	4905 Del Ray Avenue	
Mailing Address		
	Bethesda	.20814-2527
	Berresda	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	301 - 654 - 3220
3. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee., assistant treasurer).	ee; and the name and address of
	E. Carroll	
of Treasurer	11881 Spiral Pass	
Mailing Address		
	<u></u>	
	Cincinnati	45249-1371
Title or Position Treasurer	CITY STATE	ZIP CODE 513 967 5528
	Telephone number	

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE ZI	IP CODE
Title or Position		
	Telephone number	
safety deposit bo: Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds. Depository, etc. Fifth Third Bank	
	oxes or maintains funds. Depository, etc.	
Name of Bank, D	PO Box 630900 Cincinnatti OH 45263-526	
Name of Bank, D	Cincinnatti CITY STATE Zepository, etc. Pifth Third Bank PO Box 630900 Cincinnatti CITY STATE Z	53
Name of Bank, D	Depository, etc. Fifth Third Bank	53
Mailing Address Name of Bank, D	Cincinnatti CITY STATE Zepository, etc. Pifth Third Bank PO Box 630900 Cincinnatti CITY STATE Z	53
Name of Bank, D	Depository, etc. Fifth Third Bank	53
Mailing Address Name of Bank, D	Depository, etc. Fifth Third Bank PO Box 630900 Cincinnatti CITY STATE Z Depository, etc. Wells Fargo Bank 7901 Wisconsin Avenue	63
Mailing Address Name of Bank, D	Depository, etc. Fifth Third Bank	63